

Florida Child Passenger Safety Program Checklist

County: _____
Date: _____



Please read and fill out the bolded box area of this form.

I understand and agree that the purpose of this program is to help me learn how to properly install my child restraint device; this inspection is being provided as a free service to me; this program does not evaluate the quality, safety, or condition of my child restraint device(s) or any component of my vehicle, including the seats or safety belts; and this program will not guarantee my child's safety in a car crash. I understand that a properly used child restraint can reduce fatal injury by 71% for infants and by 54% for toddlers. For these reasons I hereby release the groups involved and any participants from any present or future liability for any injuries or damages that may result from a car collision or otherwise. I understand that I will be asked to install the child restraint device and child correctly.

Print Name: _____ Signature: _____
Address _____ Area Code & Phone #: _____
City/State/Zip: _____ Have you been to a checkup event before? ☐ Yes ☐ No

How did you find out about us? ☐ Radio ☐ TV ☐ Newspaper ☐ Word of mouth ☐ Flyers ☐ Signs

Sex of Adult Driver: ☐ Male ☐ Female Expectant Mother? ☐ Yes ☐ No

Relationship to Child: ☐ Parent ☐ Grandparent ☐ Family Member ☐ Other

Vehicle Make: _____ Model: _____ Year: _____

CRD Check Sponsor: ☐ Fire & Rescue ☐ Hospital ☐ Law Enforcement ☐ CPS Class ☐ Health Dept. ☐ AAA ☐ Other

Airbags: ☐ None Present ☐ Driver ☐ Dual ☐ Side Front ☐ Side Back ☐ Disabled

No. of CRDs in use in vehicle **Please use back of form for additional CRDs**

Age of child 1: ☐ less than one year ☐ 1 to 3 years ☐ 4 to 5 years ☐ 6 & older ☐ unborn

Child's Weight (lbs.) _____ Child's Height (ins.): _____

Child's Seating Position: (See chart below) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Type of CRD: ☐ RFI ☐ RFC ☐ FFC ☐ FFO ☐ Booster ☐ Integrated ☐ Vest

Type of CRD Harness: ☐ 3-pt. ☐ 5-pt. ☐ T-Shield ☐ Tray/Shield ☐ Booster Shield **LATCH USED? Y N**
☐ Lap Belt Only ☐ Lap/Shoulder of Vehicle ☐ Vest

FINDINGS:

(Check all that apply)

Be sure to check:

- ★ Angle of Seat
- ★ Harness Location
- ★ Locked Seat Belt
- ★ Belt Path

- ☐ New installation
- ☐ CRD needed but not used
- ☐ No child present
- ☐ RF Seat in front of airbag

- ☐ Direction of seat incorrect
- ☐ Mfg. ht./wt. not followed
- ☐ Incorrect recline (too reclined or head not back)
- ☐ Replaced seat cover or padding
- ☐ RFI carry handle not in correct pos.
- ☐ Harness straps threaded incorrect
- ☐ Harness adj. Buckle not doubled
- ☐ Retainer clip not at armpit level
- ☐ Harness straps not snug on child
- ☐ Harness straps not flat on child

- ☐ Seat belt routed incorrectly through CRD
- ☐ Seat belt or latch not tight
- ☐ Seat belt retractor/latch plate not locked
- ☐ Locking clip (not used or incorrect)
- ☐ Tether not used correctly
- ☐ CRD tether not used
- ☐ Vehicle tether present but not used
- ☐ After-market products used
- ☐ Missiles in vehicle
- ☐ No Errors

Comments: _____

CRD Make: ☐ Evenflo ☐ Cosco ☐ Fisher Price ☐ Britax ☐ Century ☐ Graco ☐ Kolcraft ☐ Gerry ☐ Other

CRD Name: _____ CRD Model Number: _____ Manuf. Date: _____ Recall ☐ Y ☐ N

Materials given to Participants ☐ Printed Information ☐ Regular Locking Clip ☐ Belt Shortening Clip
☐ Pool Noodles ☐ Towels ☐ Coupon ☐ Shelf Liner ☐ CRD

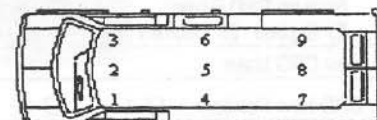
Reason CRD Given: ☐ Recalled ☐ Not Original Owner ☐ CRD Involved in Crash ☐ Participant brought a new seat
☐ Expired ☐ Incorrect Seat for Child ☐ Defective Seat ☐ No CRD Present

New CRD Make: _____ Name: _____ Model #: _____ Manuf. Date: _____

CRD New Position: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Discussed: ☐ Findings ☐ AfterMarket Products ☐ Missiles ☐ Warranty Card ☐ Importance of Belt Use

I understand the recommendations made by the safety seat checker. I was the last person to install the seat. (Participant initial here): _____



Name & AAA Certification #: _____

Please mail completed forms to: **Florida Department of Transportation
Safety Office
605 Suwannee Street MS-17
Tallahassee, Florida 32399-0450**

9/03

Age of child 2: <input type="checkbox"/> less than one year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 5 years <input type="checkbox"/> 6 & older <input type="checkbox"/> unborn									
Child's Weight (lbs.)					Child's Height (ins.):				
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Comments:									
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